



## **Motor Vehicle Report Request Form**

The City of Duluth maintains a driver record checking and verification program for prospective and current employees who will/may drive a City vehicle or their own vehicle for City business. As a condition for driving any vehicle on City business including your personal vehicle or a City vehicle, drivers must provide all necessary information for the check. All such drivers must have an acceptable driving record on file and the City will periodically check and review the driving record in accordance with the Motor Vehicle Operator Policy. Those lacking an acceptable record may be restricted from driving on City related business or other action may be taken as outlined in the policy.

You will be provided a copy of the MVR if requested and if its contents will affect the authorization to drive on City business. Because a suspension of your authorization to drive may impact employment, you and your department will be notified if your authorization to drive on City business is suspended or at risk of being suspended.

Driving on City business will be prohibited if authorization to conduct the MVR check is not given. Any driver who continues to drive on City business after refusing to authorize a MVR check or after authorization to drive on City business has been suspended will be subject to disciplinary action. Such drivers will be deemed to be acting outside the scope of their employment. In the event of a claim or suit arising while driving on City business under these circumstances, the driver will not be indemnified.

By signing this form you authorize the City to conduct a check of your motor vehicle records. For questions you may refer to your supervisor, the Motor Vehicle Operator Policy, or the Loss Control Specialist.

**Please type or print clearly.**

Driver Name \_\_\_\_\_  
Last First Middle  
(As it appears on driver's license)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_  
(Personal Driver's License Number-**Not** the License Plate Number)

State Issuing Driver's License \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_